



## **April is National Minority Health Month**

During National Minority Health Month in April, the Louisiana Department of Health's Bureau of Minority Health Access and Promotions (BMHA) joins Amerigroup in raising public awareness about health and health care disparities that continue to affect racial and ethnic minorities and efforts to advance health equity.

"As a Department, we are committed to eliminating disparities in health and access to health care in our state," LDH Secretary Dr. Rebekah E. Gee said. "Minority Health Month is a chance to bring this issue into the spotlight and start a conversation about the work that we are doing this month and year-round to bridge that gap."

The theme for Minority Health Month 2017, sponsored by Amerigroup, is "*Bridging Health Equity Across Communities*." This month serves as an opportunity to highlight national and local efforts toward eliminating health disparities and advancing health equity, including legislative policy and actions such as HHS Action Plan to Reduce Racial and Ethnic Health Disparities, and the National Partnership for Action to End Health Disparities.

Minority Health Month is designed to be a month-long, high-visibility health promotion and disease prevention campaign. Conducted with and by community-based agencies and organizations, this celebration reaches into urban, suburban and rural areas of the State.

Minority Health Month is designed to:

- promote healthy lifestyles;
- provide crucial information to allow individuals to practice disease prevention;
- showcase the resources for and providers of grass roots health care and information;
- highlight the resolution of the disparate health conditions between Louisiana's minority and non-minority populations; and
- gain additional support for the ongoing efforts to improve minority health year round.

## Health Disparities

Health disparities are differences in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates. Disparities result not only in a lower overall quality of life among those impacted, but their families and communities as well.

The month of April is acknowledged by many states and organizations as National Minority Health Month, providing a high-visibility campaign for many year-round activities. In Louisiana, during this annual month-long observance, community groups, faith-based organizations, regional and local health departments and other public and private entities join in the promotion of activities such as health screenings, educational events, health fairs and assessments. Issues addressed by these activities may include cancer, heart disease, diabetes, HIV/AIDS, mental health, cultural awareness, urban and rural health needs and gender issues.

Throughout the year BMHA, in conjunction with its local partners, will raise a call for all Louisiana residents to take action towards ending health disparities in their community. Together through our collective efforts we can accelerate momentum towards achieving a state free of disparities in health and health care.

To find out more about the Louisiana Minority Health Month Campaign, contact the Louisiana Bureau of Minority Health Access and Promotions at 225-342-4886 or visit the website: [www.ldh.la.gov/minorityhealth](http://www.ldh.la.gov/minorityhealth). Louisiana Minority Health Month is sponsored by:



### Continuing Application: Data Collection and Evaluation Section

Specific to program evaluation, the period August 1, 2016 to April 30, 2017 has continued to focus on minority health month partnerships, building strength and building capacity; on capturing impact of the OYOH program; and on shifting the mental health component to align with activities of the LDH Office of Behavioral Health's *Safe Talk* program.

The *LA Partnership to Address Health Disparities* has again experienced weather related setbacks, with offices closed for over a week in August 2016 due to flooding, and communities still in the rebuilding/recovering phase. However, the primary grant activities are being accomplished and the program continues to develop.

#### Tangible activities...

- The **Logic Model** has been revised (**attachment 1**) to reflect the new direction of the mental health component.
- Round 2 of the **Critical Partners Survey** was implemented in September 2016; a summary report is included as **attachment 2**. The report describes the:
  - The goals, objectives, or aims that the partnering agency shares with the Bureau of Minority Health Access?
  - Whether or not the partnering agency collaborates with the Bureau of Minority Health Access beyond Minority Health Month Activities?
  - The level of collaboration with the Bureau of Minority Health Access as perceived by the partnering agency.
- **Tracking Minority Health Month Activities** is being accomplished in the same way it was the previous year. This time, however, partners were given the tracking document ahead of time and were trained on how to use this document to provide the critical information. A copy of the training document is included as **attachment 3**. It is only minimally revised from last year. Data collection/activity tracking for Minority Health Month 2017 will begin within the next week or two.
  - The tracking form was designed to collect descriptive data (number, type, dates, and reach of activity; target population and partner's role) as well as the level and description of success. It also included items to inform activity improvement for 2018.
- Round 2 of the initial **OYOH Survey** was implemented during the 2017 OYOH challenge registration period, December 2016 –January 2017. (Round 2 of the follow-up is scheduled for June, 2017). During this reporting period, a summary report has been written for the following: round 1, initial survey; round 1, follow-up survey; round 2 initial survey. These 3 documents are referenced in order as **attachment 4a, 4b, and 4c**. NOTE: round 1 was considered the "test" of this survey. The implementation process and the survey itself functioned as intended. No revisions were made for round 2.

- The **Mental Health** component finally began to emerge during these past few months. It has taken form as the implementation of *Safe Talk* (suicide prevention) trainings. At this time, the evaluation is focused on process measures: when and where trainings have occurred; who and how many people attended. However, this data is not being managed by the evaluator and is reported elsewhere. Overtime, we expect to be able to collect data on how this program is being utilized; how attendees have been using the skills and strategies they have acquired; who and how they are reaching the public with these skills. However, given the sensitive nature of the subject matter, the methodology has not yet been established.

LOUISIANA DEPARTMENT OF HEALTH  
REBEKAH E. GEE, MD, MPH, SECRETARY

**LOUISIANA BUREAU OF MINORITY HEALTH ACCESS**  
LOUISIANA STATE PARTNERSHIP GRANT TO ADDRESS MINORITY HEALTH DISPARITIES  
YEAR TWO MINORITY HEALTH PARTNERS MEETING  
Wednesday, November 9, 2016 – 11 AM TO 2 PM  
Pennington Biomedical Research Center Conference Room #327  
6400 Perkins Road, Baton Rouge, Louisiana, 70808

**AGENDA**

**11:00 AM**

**OPENING REMARKS**

Durand "Rudy" Macklin  
Director, Bureau of Minority Health Access  
Louisiana Department of Health

**12:00 PM**

**LUNCH-N-LEARN SEGMENT**

Evidence-Based Public Health Practice  
Natasha M. McCoy, MPH, Founder/Principal Consultant  
NM2C, LLC

**1:00 PM**

**BREAK**

**1:05 PM**

**2017 CONTRACTOR RESPONSIBILITIES**

D'Andra Bradford-Odom  
LA State Partnership Program Manager (OMH)  
SELAHEC/LA Department of Health

*Area Coordinator Role  
Selection of (Additional) Community Partners  
Do's and Don'ts*

**1:25 PM**

**EVALUATING MINORITY HEALTH MONTH ACTIVITIES**

Elizabeth Gollub, PhD, MPH, RD  
Project Manager and Lead Evaluator  
Pennington Biomedical Research Center

**1:45 PM**

**QUESTION AND ANSWER PERIOD**

**1:55 PM**

**NEXT STEPS / CLOSING STATEMENTS**

Durand "Rudy" Macklin  
Director, Bureau of Minority Health Access  
Louisiana Department of Health

**PROPOSED ACTIVITIES**  
**Minority and Multicultural Health Month**  
**April 2016**

Please note that the information listed on this page will be the information used to print the statewide calendar of events. All dates, times and locations will be verified prior to printing, but please be specific with the information provided.

**Please do not leave any blank spaces**  
**USE SEPARATE SHEET IF NECESSARY**

Agency			
City	Parish	Proposed number of clients to be served:	
Contact Person	Contact Person Telephone	Contact Person Email	
Date(s) of Proposed Activity(ies) (list each event separately)	Summary of Activity/event (Include title or name of event)	Location activity will be held (List name of facility, address, city, phone number to be used by the public)	Time(s) activity will be held (List each separately)

Signature: \_\_\_\_\_  
**Executive Director**

## Minority Health Month Activity Tracking

**Partner Organization/Program:** Teche Action Clinic/Bayou Region Black Nurses Association Health Fair

**Contact information:** Ed Verdin, Marketing Director (337) 828-2550 x 2181

**Location (Parish & City or Town):** Franklin, LA

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** (this would be 1 or more) 1

**Date of Activity:** (please include time of day) 10a.m. – 2p.m.

**Activity Description:** (include type of activity; purpose – intended objectives/goals of activity; why you selected to implement this particular activity) to promote health and wellness by offering educational outreach materials of various illness and ailments but also including health, nutrition and wellness information.

**Target Population:** (include the intended target population; the actual population reached; the number of participants and/or reach) 300

**Partner's Role in Activity:** (did you...develop, organize, coordinate, implement, publicize...?)  
We are a major sponsor that will help publicize event along with attending and being a major force of this event.

**Was the Activity Successful:**

- How did you measure success? The event will be held April 29, 2017 10a.m.-2p.m. so we will follow up with this information after the event.
- What worked well/what aspect of this activity would you repeat?
- What would you do differently /how could the activity be improved?
- Did the activity: (please explain your response; describe how and/or what...)
  - Provide information?
  - Create opportunity?
  - Influence behavior?

## Minority Health Month Activity Tracking

**Partner Organization/Program: CrescentCare**

**Contact information: Christopher Leonard, 504-821-2601, Ext.218**

**Location (Parish & City or Town): Orleans, New Orleans**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017: 1**

**Date of Activity:** April 27, 2017, 6:30 – 9:30 pm

**Activity Description:** (include type of activity; purpose – intended objectives/goals of activity; why you selected to implement this particular activity): Bow Tie Bash is a fundraising/Awareness Event for Food For Friends, a CrescentCare program that supports people living with HIV/AIDS and Cancer with a nutritional resource to assist with getting them on the road to recovery. Our program supports those who meet Ryan White eligibility guidelines.

**Target Population:** (include the intended target population; the actual population reached; the number of participants and/or reach): Because this is a program fundraiser our target audience are those who can afford a ticket cost of \$50. We will provide 5 clients of the agency with tickets to attend the event. There will be a total of 250 participants

**Partner's Role in Activity:** (did you...develop, organize, coordinate, implement, publicize...?) We did develop, organize, and will coordinate and implement the event. Our event will be publicized through Social Media and local publications such as Gambit, NOLA Media and Louisiana Weekly.

**Was the Activity Successful:**

- How did you measure success? Success is measured by attendance and dollars raised
- What worked well/what aspect of this activity would you repeat? Will update this after the event is held



- What would you do differently /how could the activity be improved? TBD
- Did the activity: (please explain your response; describe how and/or what...)
  - Provide information?
  - Create opportunity?
  - Influence behavior?

## Minority Health Month Activity Tracking

**Partner Organization/Program:** Southwest Louisiana Primary Health Care Center, Inc

**Contact information:** Dodie LaMott, CEO 337-942-3390

**Location (Parish & City or Town):** St. Landry Parish, Opelousas, LA

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** (this would be 1 or more) 1

**Date of Activity:** (please include time of day) April 13, 2017 @ 3:30pm

**Activity Description:** (include type of activity; purpose – intended objectives/goals of activity; why you selected to implement this particular activity) The goal for this event is to provide both education to minorities on health disease while allowing the children to participate in a fun filled activity. This will provide us with an opportunity to inform the parents while engaging the children in outside activities that will promote physical activity.

**Target Population:** (include the intended target population; the actual population reached; the number of participants and/or reach) We have distributed fliers and post cards to every child 12 and under and their parents that presented to either of our clinics. We have distributed approximately 600 fliers/cards. Our goal is at least half of the population will attend.

**Partner's Role in Activity:** (did you...develop, organize, coordinate, implement, publicize...?) SWLPHC developed, organized, publicized and implemented the project.

## Minority Health Month Activity Tracking

**Partner Organization/Program: CrescentCare**

**Contact information: Christopher Leonard, 504-821-2601, Ext.218**

**Location (Parish & City or Town): Orleans, New Orleans**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017: 1**

**Date of Activity:** April 27, 2017, 6:30 – 9:30 pm

**Activity Description:** (include type of activity; purpose – intended objectives/goals of activity; why you selected to implement this particular activity): Bow Tie Bash is a fundraising/Awareness Event for Food For Friends, a CrescentCare program that supports people living with HIV/AIDS and Cancer with a nutritional resource to assist with getting them on the road to recovery. Our program supports those who meet Ryan White eligibility guidelines.

**Target Population:** (include the intended target population; the actual population reached; the number of participants and/or reach): Because this is a program fundraiser our target audience are those who can afford a ticket cost of \$50. We will provide 5 clients of the agency with tickets to attend the event. There will be a total of 250 participants

**Partner's Role in Activity:** (did you...develop, organize, coordinate, implement, publicize...?) We did develop, organize, and will coordinate and implement the event. Our event will be publicized through Social Media and local publications such as Gambit, NOLA Media and Louisiana Weekly.

**Was the Activity Successful:**

- How did you measure success? Success is measured by attendance and dollars raised
- What worked well/what aspect of this activity would you repeat? Will update this after the event is held

- What would you do differently /how could the activity be improved? TBD
- Did the activity: (please explain your response; describe how and/or what...)
  - Provide information?
  - Create opportunity?
  - Influence behavior?

## Minority Health Month Activity Tracking

**Partner Organization/Program:** Teche Action Clinic/Bayou Region Black Nurses Association Health Fair

**Contact information:** Ed Verdin, Marketing Director (337) 828-2550 x 2181

**Location (Parish & City or Town):** Franklin, LA

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** (this would be 1 or more) 1

**Date of Activity:** (please include time of day) 10a.m. – 2p.m.

**Activity Description:** (include type of activity; purpose – intended objectives/goals of activity; why you selected to implement this particular activity) to promote health and wellness by offering educational outreach materials of various illness and ailments but also including health, nutrition and wellness information.

**Target Population:** (include the intended target population; the actual population reached; the number of participants and/or reach) 300

**Partner's Role in Activity:** (did you...develop, organize, coordinate, implement, publicize...?)  
We are a major sponsor that will help publicize event along with attending and being a major force of this event.

**Was the Activity Successful:**

- How did you measure success? The event will be held April 29, 2017 10a.m.-2p.m. so we will follow up with this information after the event.
- What worked well/what aspect of this activity would you repeat?
- What would you do differently /how could the activity be improved?
- Did the activity: (please explain your response; describe how and/or what...)
  - Provide information?
  - Create opportunity?
  - Influence behavior?

## Characteristics of Partnerships between the Bureau of Minority Health Access and Minority Health Month Partners

*a baseline – fall 2016*

---

In September 2016, as part of the *Louisiana Partnership to Address Health Disparities* grant program, the LA Bureau of Minority Health Access (BMHA) began to plan for *Minority Health Month 2017*. Early planning is important to ensure that appropriate, effective activities are being developed and that partners can benefit from BMHA resources and capacity building opportunities. To this end, a set of structured/survey items was developed to collect, from each Minority Health Month (MHM) partner, information describing their proposed Minority Health Month activities. The survey also included 3 items intended to characterize their partnership with BMHA. Partners were asked to:

- 1) Respond to the open-ended question: What goals, objectives, or aims does your agency share with the Bureau of Minority Health Access?
- 2) Respond with “yes” or “no” to the question: Does your agency partner/collaborate with the Bureau of Minority Health Access beyond Minority Health Month Activities?
- 3) Rate the level of collaboration that best describes their current relationship with the BMHA.

The primary purpose of measuring the level of collaboration is to track changes in strength of collaboration over time (annually). It is anticipated that over the years, the BMHA and their partners will increase collaboration and/or strengthen their partnerships. MHM activities will be reported later. This brief report summarizes the partnership information provided to the program evaluator.

---

A total of 14 partners/partnering agencies responded to most of the survey items. The core agency objectives common to both the BMHA and the MHM partners, the basis for the partnership, is presented in [Table 1](#). Together, these partners strive to provide community outreach, education, and/or healthcare to promote health and wellness to all of Louisiana’s populations. Many of these partners specifically focus on vulnerable populations.

**Table 1.** List of BMHA Minority Health Month Partners and their Basis for the Partnership

Partner	Basis for partnership/shared objectives with BMHA
Harvest Baptist Church	Promote health and wellness as a means to improving body, mind and spirit
Morehouse Community Medical Centers, Inc.	Provide resources and education to promote a Healthy Louisiana
West Carroll Partners in Prevention	no response
Avoyelles Council on Aging	Community outreach to promote health and wellness; attention to difficult-to-reach populations
Franklin Medical Center	Quality care to everyone in Franklin parish
Iberia Comprehensive Community Health Center, Inc.	Comprehensive healthcare for everyone; a diverse patient base including underserved, uninsured, under-insured, and low-income populations.
Louisiana Primary Care Association	Health care access for all; eradication of health disparities; affordable, routine primary health care services to all Louisianans.
LSU AgCenter	Provide health/wellness and disease prevention/management information, and promote awareness of health issues among all LA residents
Southwest LA AIDS Council	Promote healthy lifestyles and provide crucial disease prevention information; attention to racial/ethnic minorities
Choctaw Apache Tribe of Ebarb	Provide outreach and education opportunities to tribal members to encourage practice of healthy lifestyles/behaviors
Tensas Community Health Center	Promote healthy living and access to healthcare to improve quality of life
Agency Primary Care Providers for a Healthy Feliciana Inc.	Ensure that minority populations can access and receive the same quality of health services as non-minority populations.
Fit for Life Ministries, Inc.	Improve health, fitness and wellness among all LA citizens; attention to minority populations.
Teche Action Board	Provide health/wellness education especially in rural communities, to reduce health disparities.



Responses to the next two partnership items (partnering beyond MHM activities and rating the level of collaboration) are presented in **Table 3**. Approximately half of the partners indicated that their work with the BMHA extends beyond MHM activities. However, this does not appear to be related to the level of collaboration as perceived by the MHM partner. Collaboration ratings are based on the list of characteristics defined in the Levels of Collaboration Scale (Frey et al) below (**Table 2**):

**Table 2.** Characteristics of each Level of Collaboration

Level	Characteristics
<b>0</b>	<b>No interaction at all</b>
<b>1</b>	<b>Networking</b> Aware of organization; Loosely defined [cooperative] roles; Minimal communication; All decisions are made independently
<b>2</b>	<b>Cooperation</b> Provide information to each other; Somewhat defined [cooperative] roles; Formal communication; All decisions are made independently
<b>3</b>	<b>Coordination</b> Share information and resources; Defined [cooperative] roles; Frequent communication; Some shared decision making
<b>4</b>	<b>Coalition</b> Share ideas; share resources; Frequent and prioritized communication; All members participate [have a vote] in decision making
<b>5</b>	<b>Collaboration*</b> Members belong to one system; Frequent communication characterized by mutual trust; Consensus is reached on all decisions

\* This level of collaboration is the extreme; it is rarely the organization's goal for collaboration and it is rarely achieved.

The partner's ratings of level of collaboration span the scale with approximately 60% of ratings clustered in the center around "cooperation" and "coordination" (**Table 3**); this is a normal pattern. The characteristics of collaboration between organizations tend to change over time. Frequently, this reflects modifications to organizational priorities, turnover of personnel, and/or fluctuations in resources. Strong partnerships function to support common efforts and to help sustain programs and practices. In most cases, the BMHA and its Minority Health Month partners are collaborating at a level sufficiently strong to meet their common objectives. Yet, through ongoing strategic communications and capacity building, these partnerships have the potential to continue to strengthen.



**Table 3.** Level and Extent of Collaboration between BMHA and Minority Health Month Partner as Perceived by Partner, Fall 2016

Partner	No Interaction at all	Networking	Cooperation	Coordination	Coalition	Collaboration	Collaborate beyond MHM?
Harvest Baptist Church°	0	1	2	3	4	5	?
Morehouse Community Medical Centers, Inc.	0	1	2	3	4	5	yes
West Carroll Partners in Prevention°	0	1	2	3	4	5	?
Avoyelles Council on Aging	0	1	2	3	4	5	yes
Franklin Medical Center	0	1	2	3	4	5	yes
Iberia Comprehensive Community Health Center, Inc.	0	1	2	3	4	5	no (but would like to)
Louisiana Primary Care Association°	0	1	2	3	4	5	?
LSU AgCenter	0	1	2	3	4	5	no
Southwest LA AIDS Council	0	1	2	3	4	5	no
Choctaw Apache Tribe of Ebarb	0	1	2	3	4	5	yes
Tensas Community Health Center	0	1	2	3	4	5	yes
Agency Primary Care Providers for a Healthy Feliciana Inc.	0	1	2	3	4	5	yes
Fit for Life Ministries, Inc.	0	1	2	3	4	5	yes
Teche Action Board**	0	1	2	3	4	5	?

° This partner did not respond to the question about collaborating beyond MHM activities

\* This partner did not rate the level of collaboration.

Dear Minority Health Month Participants:

Thank you for all the attention you give to Minority Health Month Activities in your community -- and thanks (in advance) for just a little more...

Our program evaluator, Dr. Elizabeth Gollub at Pennington Biomedical Research Center will be collecting information on all Minority Health Month Activities that have been conducted in partnership with the LA Bureau of Minority Health Access and Promotions. She has developed a tracking form (below) to cover the information of interest.

- Please type your responses directly onto this document.
- If you are conducting multiple activities, please complete a separate form for **each** one.
- Please include all information requested or suggested with each item.
- Please keep in mind that my purpose is to collect (not to judge) activity information.
- Please complete and return the tracking forms by May 5, 2017
- Please e-mail the forms directly to: [Elizabeth.Gollub@PBRC.edu](mailto:Elizabeth.Gollub@PBRC.edu)

Information will be used for grant reporting purposes and for evaluation and program planning. If you have any questions about completing the tracking forms, please ask...

Thanks for your help! – Rudy Macklin

D. Rudy Macklin, Director  
Bureau of Minority Health Access and Promotions  
628 North 4<sup>th</sup> Street  
Baton Rouge, LA 70810

225.342.4886  
[rudymacklin@la.gov](mailto:rudymacklin@la.gov)  
<http://www.dhh.la.gov/mha>

Elizabeth Gollub, PhD, MPH, RD  
Pennington Biomedical Research Center  
6400 Perkins Road, Suite M4013  
Baton Rouge, Louisiana 70808

225.763.0945  
[elizabeth.gollub@pbrc.edu](mailto:elizabeth.gollub@pbrc.edu)  
<http://eval.pbrc.edu>

## Minority Health Month Activity Tracking

**Partner Organization/Program:**

**Contact information:**

**Location (Parish & City or Town):**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** (this would be 1 or more)

**Date of Activity:** (please include time of day)

**Activity Description:** (include type of activity; purpose – intended objectives/goals of activity; why you selected to implement this particular activity)

**Target Population:** (include the intended target population; the actual population reached; the number of participants and/or reach)

**Partner's Role in Activity:** (did you...develop, organize, coordinate, implement, publicize...?)

**Was the Activity Successful:**

- How did you measure success?
- What worked well/what aspect of this activity would you repeat?
- What would you do differently /how could the activity be improved?
- Did the activity: (please explain your response; describe how and/or what...)
  - Provide information?
  - Create opportunity?
  - Influence behavior?

Brief Summary: OYOH – Participant Survey1, May 12 to June 2

A total of 75 OYOH website users participated in the first survey, though not all participants completed each survey item. At this stage, the data is essentially descriptive.

As a group, these participants:

- were predominantly Caucasian or African American.
- ranged in age from 25 to 65+ years (42% were 51-60 years old)
- were well educated; 57% completed a 4-year degree or more
- represented small households; range was reported as 1-7, with 56% as 1-2 person households
- represented household incomes ranging from 10k to 100k+; with 72%  $\geq$  40k (Note: Louisiana median household income in 2014 was \$44,555).
- were 59% food-secure; though 33% reported that they did not always have enough of the type of food they wanted to eat.
- represented 27 of Louisiana's 64 Parishes  
(NOTE: most participants did not indicate their gender)

Among the group of participants responding to each survey item:

- 75% are watching/reducing fat intake or changing the type of fat they use
- 56% are watching/reducing sodium intake
- 51% are spending more time being physically active now than they were 6 months ago
- 45% rated their Quality of Life as *very good* or *excellent*
- 56% rated their Quality of Health as *very good* or *excellent*
- Within the past year:
  - 89% had a blood pressure screen
  - 73% has a blood sugar screen
  - 72% had a cholesterol screen
  - 69% had an obesity screen
  - 49% had a stress screen

→ The value of the survey data will increase with the number and range of respondents. Prior to the next round of surveys, we will explore strategies to capture a larger, more representative group of respondents (in addition to follow-up with this initial group).

## Brief Summary: Own Your Own Health Program Participant Survey (December 1, 2016 to January 27, 2017)

This OYOH survey (Survey1 Round2) was implemented to capture baseline data (demographics, key healthy behaviors, perceived health) from the set of adult OYOH Challenge participants who had not previously been surveyed. This survey was conducted online in conjunction with the on-line Challenge registration. OYOH Challenge participants who registered off-line are not represented in this data set.

A total of 681 individuals were self-reported new registrants for this 2017 OYOH Challenge event. Of these, 214 individuals were removed from this data set because they responded "No", that they are not willing to participate in the survey, or "No" that they are not 18 years or older. This left 467 participants from which 42 were removed because they did not respond to any survey items. Of the remaining 425 participants, 6 were removed because they live out of state. The information summarized here represents data collected from a total of 419 participants – adults, residing in Louisiana; not all participants responded to all survey items. This summary provides descriptive information; a follow-up survey is planned for June 2017 to explore the influence of OYOH on short-term maintenance of key healthy behaviors within this group of participants.

### Demographics

Most of the OYOH Survey1 Round2 participants are female, non-Hispanic White or Black, between the ages 41 and 60 years. As a group, these participants have average income and household size, are fairly well educated, and food secure (Table 1a).

Table 1a. OYOH survey participants: select demographic indicators.

		Survey Participants (%)	Louisiana Notes
<b>Sex:</b> (n=419)	Female	84	<ul style="list-style-type: none"> <li>LA population is ~51% female, 49% male; ~32% African American, 62% Caucasian.</li> <li>Average annual income is \$45,727.</li> <li>Median age is 36 years.</li> <li>Average household size among adults 18+ years is 2.</li> <li>Among adults 25+ years, HS graduate or higher is 83%; Bachelor's degree or higher is 22%.</li> <li>Overall food insecurity is 17%.</li> </ul>
	Male	16	
<b>Ethnicity:</b> (n=334)	Non-Hispanic White or Caucasian	58	
	Non-Hispanic Black or African American	37	
	All others combined	5	
<b>Age:</b> (n=419)	25 - 40 years	31	
	41 - 60 years	55	
	61+ years	10	
<b>Income:</b> (n=313)	\$75,000 or more	32	
	\$50,000-\$74,999	26	
	\$20,000-\$49,999	33	
	Less than \$20,000	9	
<b>Household Size:</b> (n=403)	1	16	
	2-4	73	
	5 or more	10	
<b>Education:</b>	2 year degree or more	60	
	Some college	26	
	Completed high school	12	
<b>Food Security:</b> (n=417)	Enough food	96	
	Sometimes not enough food	3	



As a group, the survey participants covered at least 40 of Louisiana's 64 Parishes; 32 participants did not provide this information. Approximately 52% of participants reported Ouachita (92 participants), Evangeline (80 participants), or Rapides (47 participants) as their home. For the purpose of comparison to the group of participants as a whole, a subset of demographic indicators for these three parishes combined (2015 census data) is presented in Table 1b.

**Table 1b.** Select demographic indicators (average values, 2015 census) for 3 parishes combined.

	Non-Hispanic		Median Household Income	Median Age	Residents Living in Poverty
	White/Caucasian	Black/African Am			
Ouachita/Evangeline/Rapides	63%	32%	\$36,165	36	24%

### Healthy Behaviors

As a program, OYOH promotes physical activity, healthy eating/weight management, and disease prevention. For the purpose of program evaluation, these objectives are being assessed in terms of key components of a healthy diet (*Diet*), relative physical activity and physical inactivity (*Physical Activity*), and health seeking/health quantifying actions (*Health Assessments*). The specific indicators being used to track these key components are presented in Table 2.

**Table 2.** Indicators of key behaviors associated with fitness and chronic disease prevention.

		Survey Participants	
<b>Diet:</b>			
Watching or reducing fat intake or changing the type of <b>fat</b> consumed:		70%	(n=418)
Watching or reducing <b>sodium</b> intake:		61%	(n=417)
Number of times/day <b>participant consumes:</b>			
	Mean number of times/day	At least once/day	
<i>Fruit</i>	0.95	46%	(n=374)
<i>Green vegetable</i>	0.95	35%	(n=382)
<i>Orange vegetable</i>	0.69	17%	(n=335)
<i>Whole grain breads</i>	0.83	36%	(n=337)
<i>Whole grains or cereals</i>	0.74	28%	(n=339)
<b>Physical Activity:</b>			
more time spent being <b>physically active</b> now than 6 months ago		32%	(n=415)
Time (hours) spent <b>sitting</b> on a typical day		6.5	(n=407)
<b>Health Assessments:</b>			
Blood pressure screen within the past year		7%	(n=403)
Blood sugar screen within the past year		13%	(n=396)
Cholesterol screen within the past year		14%	(n=394)
Obesity screen within the past year		6%	(n=399)
Stress screen within the past year		8%	(n=398)

### Quality of Life

An overarching goal of any health promotion program is to improve quality of life. Health and physical well-being are integrally related to quality of life; emotional well-being (reduced stress, improved self-concept) and social-inclusion (community participation and support) are additional factors, all of which could be affected, to varying degrees, by the OYOH program. A global measure of Quality of Life and of Quality of Health has been included in the OYOH participant survey as a means of monitoring changes in these factors over time (Table 3).

**Table 3.** OYOH participant ratings: Quality of Life; Quality of Health.

	Survey Participants	
Rated their <b>Quality of Life</b> as <i>very good</i> or <i>excellent</i>	47%	(n=409)
Rated their <b>Quality of Health</b> as <i>very good</i> or <i>excellent</i>	37%	(n=408)

### Summary-based Recommendation

This OYOH challenge is largely a fitness challenge with additional program components to simultaneously influence related health-promoting behaviors. Increased physical activity will occur inherently. A larger effort could be made to influence eating behavior. As a group, participants in the OYOH survey reported low intakes of key dietary components (e.g. mean vegetable intake of 0.95/day compared to a mean vegetable take for Louisiana of 1.4 to 1.8 depending on the data source). It could be productive to use the time remaining in this OYOH challenge (and even beyond the formal challenge period), to send additional messages/e-mail blasts to challenge participants, on topics dealing with accessing and consuming whole grains and a variety of fresh vegetables and fruits as central to a healthy diet.

Brief Summary: OYOH – Participant Survey1, May 12 to June 2

A total of 75 OYOH website users participated in the first survey, though not all participants completed each survey item. At this stage, the data is essentially descriptive.

As a group, these participants:

- were predominantly Caucasian or African American.
- ranged in age from 25 to 65+ years (42% were 51-60 years old)
- were well educated; 57% completed a 4-year degree or more
- represented small households; range was reported as 1-7, with 56% as 1-2 person households
- represented household incomes ranging from 10k to 100k+; with 72%  $\geq$  40k (Note: Louisiana median household income in 2014 was \$44,555).
- were 59% food-secure; though 33% reported that they did not always have enough of the type of food they wanted to eat.
- represented 27 of Louisiana's 64 Parishes  
(NOTE: most participants did not indicate their gender)

Among the group of participants responding to each survey item:

- 75% are watching/reducing fat intake or changing the type of fat they use
- 56% are watching/reducing sodium intake
- 51% are spending more time being physically active now than they were 6 months ago
- 45% rated their Quality of Life as *very good* or *excellent*
- 56% rated their Quality of Health as *very good* or *excellent*
- Within the past year:
  - 89% had a blood pressure screen
  - 73% has a blood sugar screen
  - 72% had a cholesterol screen
  - 69% had an obesity screen
  - 49% had a stress screen

➔ The value of the survey data will increase with the number and range of respondents. Prior to the next round of surveys, we will explore strategies to capture a larger, more representative group of respondents (in addition to follow-up with this initial group).





## Minority Health Month Activity Tracking

**Partner Organization/Program: Plaquemines Medical Center**

**Contact information: Monica Martin**

**Location (Parish & City or Town): Plaquemines & Port Sulphur, LA**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** 3/3

**Date of Activity:** April 28, 2017 @ 1030-1230pm

**Activity Description:** to provide information and educational brochures on hypertension, diabetes, and obesity. Helping people gain knowledge and skills needed to manage diabetes, as well as emphasize the importance of blood pressure controls a quality improvement goal. Encourage physical activity and healthy eating to reduce obesity. It has been well documented that education is lacking in rural communities.

**Target Population:** the target population was young and elderly adults. Many senior citizens attended the event. There were 57 participants' ages ranging 42-91 years.

**Partner's Role in Activity:** Partnering with LA Department of Health, Crescent City WIC, Plaquemines Community C.A.R.E. Center Foundation, Inc, to help our event success. The event was publicized via social media, electronic messaging and posting flyers in community organizations. Door prizes and give aways were provided with funding from LA dept of health. We coordinated with a Plaquemines Community C.A.R.E. center representative informing the audience of additional support to families with mental and behavioral health issues. We also introduced the Seniors and Law Enforcement Together organization.

**Was the Activity Successful?:**



**We measured our success based on the number of attendees and the high level of enthusiasm.**

**The videos worked well and will repeat the use of exercise videos. Participants were excited to receive pedometers, blood pressure monitors, blood glucose monitors, rubber stretch bands, and beverage containers. The audience demonstrated great interest based on the variety of questions. Finding creative ways to further engage the participants. Several resources were provided.**





## Minority Health Month Activity Tracking

**Partner Organization/Program: Plaquemines Medical Center**

**Contact information: Monica Martin**

**Location (Parish & City or Town): Plaquemines & Port Sulphur**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017: #4**

**Date of Activity: June 09, 2017 1030-1230 Cultural Diversity & National Healthy Homes Month**

**Activity Description:** Safety For Older Adults was presented to the Council on Aging Centers of Plaquemines Parish. The purpose was to provide information to prevent falls, including exercise, review of medication, vision screening and home safety. Fire Safety and Fire Extinguisher Use were also included. Fire Extinguishers were donated and given as door prizes. Cultural Diversity defined as the learned and shared behavior of a community of interacting human beings. The group participation was interactive because of the group diversity and sharing their different cultures. The topics were selected to inform the community of cultural diversity, life situations and various factors that shape a person's identity. We also played Golden Feud (a version similar family feud) that brought lots of fun.

**Target Population:** The target audience was the Council on Aging Centers of Plaquemines and residents. Senior citizens and 42 were in attendance.

**Partner's Role in Activity:** The course were developed to promote safety in homes and discuss and learn about different cultures. I coordinated the event by reaching out to an Occupational Medicine & Safety Officer and Community Health Worker for cultural diversity. We publicized using social meeting, publication and electronic messaging board. Special thanks to Protech Fire & Safety for donating the fire extinguishers. Crescent City WIC and Louisiana Department of Health providing funding.



**Was the Activity Successful?** The activity was a success based on attendees and participation. The information provided was well received and many reported "going home and remove those rugs". The power point presentation worked well. The presentation provided opportunity to discuss the many cultures of our Plaquemines Parish. We will compose another game to promote interaction with participants.







## Minority Health Month Activity Tracking

**Partner Organization/Program: Plaquemines Medical Center**

**Contact information: Monica Martin**

**Location (Parish & City or Town): Plaquemines & Port Sulphur, LA**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** 3/3 Second Harvest Food Bank and Lupus Awareness

**Date of Activity:** May 12, 2017 1030-1230pm

**Activity Description:** This activity demonstrated healthier food choices, purchasing healthy meals and incorporating fruit and vegetables. The purpose was to increase patient engagement, motivate healthy lifestyles, and support informed decision making on food preparation. The subject was selected to improve healthy lifestyles in order to decrease obesity and management of chronic diseases. Information was presented on the early recognition, signs and symptoms of Lupus. We also held a can food drive at our facility that collected 87 cans and presented to second harvest food bank to help feed the hungry. Planting of flowers was done to help initiate movement, move from the couch, and take a walk outside for a breath of fresh air.

**Target Population:** The target population was 45-92 year old participants; the population was reaches and had 41 participants.

**Partner's Role in Activity:** in partnering with second harvest food bank, Crescent City WIC that provided materials and handouts for Lupus Awareness, LA department of Health for funding for gift cards, refreshments and blood pressure monitors, Plaquemines Community C.A.R.E center for a beautiful plant giveaway. We publicized with flyers, electronic messaging, social media and posting a local stores.



**Was the Activity Successful?:** The participants showed increase engagement during the question and answer period, they were very excited receiving flowers, and gifts. I would repeat the reading of nutrition facts. Participants are paying more attention to the amount of physical activity being performed on a daily basis. I will incorporate more exercise activities, and better food choices. In my opinion the event was a success with the information provided and created an opportunity to support informed decisions to living a healthier lifestyle.





## Minority Health Month Activity Tracking

**Partner Organization/Program: Plaquemines Medical Center**

**Contact information: Monica Martin**

**Location : Plaquemines & Port Sulphur, LA**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** 3

**Date of Activity:** April 22, 2017

**Activity Description:** Healthy Kids Day. The purpose of this activity is to improve health and wellness of kids and families within the community of Plaquemines Parish. Plaquemines Medical Center partnered with the YMCA organization for the healthy kids day. We were allowed to provide outdoor kits (lip balm, sunscreen, band-aids), sunglasses, bouncing balls, jumping ropes, freebies and hula hoops. Children were also provided with educational materials and demonstrated exercises.

**Target Population:** preschoolers and teenagers. We had 51 children ages 3-14.

**Partner's Role in Activity:** the event was publicize via social media, flyers posted at local stores, and the use of electronic message board.

**Was the Activity Successful?** The event was measured by the attendees using a sign-in sheet. I would repeat usage of educational material and equipment. Next event we would engage with more planned physical activities. However, the goal of the activity was met. Children participated in water activity, running, exercising and lots of smiles.



## Minority Health Month Activity Tracking

**Partner Organization/Program: Plaquemines Medical Center**

**Contact information: Monica Martin**

**Location (Parish & City or Town): Plaquemines & Port Sulphur, LA**

**How many Minority Health Activities did you conduct as part of Minority Health Month 2017:** 3

**Date of Activity:** April 12, 2017

**Activity Description:** Partnering with Aetna and Crescent City WIC to bring information using Organ Wise Dolls, coloring activities, providing fruit baskets and helping families understand nutritional values. Also, helping families to discover playtime as well as providing information on healthy exercise by becoming more active: turning off television, choosing healthier snack foods and getting outside to play and have fun. We demonstrated healthy and safe environments to improve physical activity levels and the health of our children and youth.

**Target Population:** preschoolers to 12 year old. Our target population was met and had appx 50 children to participate.

**Partner's Role in Activity:** Crescent City WIC provided fresh fruit and baskets, Aetna provided bags, glue sticks, grass and candies. Plaquemines Medical Center provided fresh fruit, crayons, activity balls, organ wise coloring sheets and videos. It was a great team effort. The activity was publicize on social media, flyer and electronic message board.

**Was the Activity Successful?:**

**The success was measured by the attendees participating. We allotted for 100 Easter bags and had 47 bags remaining. The children was provided with a question**





**and answer period and many children asked questions in reference to the video. Due to school schedules there were groups of 5-7 children at a time, however the small setting created a more intimate environment. Our next children event will be scheduled on a Saturday. The event provided children with eye-hand coordination, information of eating fresh fruit vs candy, and importance of physical activity.**



## **MINORITY HEALTH MONTH 2017**

**Contractor/Area Coordinator: Pine Belt Multi-Purpose CAA, Inc.**

### **Listing of Community Partners**

<b>ORGANIZATION</b>	<b>CONTACT</b>	<b>AREA OF FOCUS</b>
Joy Impact, Inc. Behaviorial Health Service Provider	Kelvin Stewart	Mental Health – Youth
Williams Family Ministry Collaboration w/Pleasant Grove Baptist Church youth ministry	April Williams	Physical & Mental Health
Pine Belt Multi-Purpose CAA, Inc. Community Outreach collaboration with Wal-Mart	Conchita Malone- Doyle	Worksite Wellness and Hydration for Health
Mercy Medical Group, LLC Nurse Practitioner collaboration	Kim Brunson	Preconception Health & Wellness for young adults
Grambling State University Student outreach initiative	Richard Gallot, Jr.	Physical Fitness Challenge
New Living Word Community Outreach project	Larry Proctor	Physical Fitness Challenge and Nutrition Education
Town of Jonesboro – Police Department collaboration with Jackson Parish School System	James Harris	Youth Violence Prevention Well-Being/ Physical Fitness
Boys & Girls Club – All Pro Day Collaboration with Mayor, Town of Jonesboro	Eldonte' Osborne	Nutrition/Physical Fitness and Well-Being for Youth
Jonesboro Housing Authority, Inc. Community collaboration with Fyzical Wellness Center	Jeanette Glover	Nutrition/ Physical Fitness Challenge/ Medicaid Enrollment
Kingdom First Ministries Community outreach project	Nadine McCardia	Meal Planning/ Physical Fitness
Union Star Baptist Church Community outreach project	Phyllicia Taylor	Wellness Fair – Youth
New Testament Church Community Outreach Project	Katherine Nicholson	Mental Health – Adults